

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

Mr. Stan Rosenstein, Deputy Director
Medical Care Services
Department of Health Services
714 P Street - Room 1253
Sacramento, CA 95814

JUN 14 2005

RE: California 04-006

Dear Mr. Rosenstein:

We have reviewed the proposed amendment to Attachment 4.19-D of your State Medicaid plan submitted under transmittal number (TN) 04-006. Effective for services provided on or after August 1, 2004, this amendment revises a cost of living adjustment specifically for the long-term care freestanding skilled nursing facilities

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. As part of the review process the State was asked to provide information regarding funding of the State share of expenditures under Attachment 4.19-D. Based upon the assurances provided, we are pleased to inform you that Medicaid State plan amendment 04-006 is approved effective August 1, 2004.

We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Vanessa Johnson, 410-786-8281

Sincerely,


Dennis G. Smith
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

0 4 — 0 0 6

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 8 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 04/05 \$82,000,000

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D
Pages 15-15.4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-D
Page 15.3

10. SUBJECT OF AMENDMENT:

Freestanding Skilled Nursing Facilities Reimbursement Rate

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor's Office does not wish to review State Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Stan Rosenstein

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

September 30, 2004

16. RETURN TO:

Department of Health Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.4001
MS 4600, P.O. Box 997413
Sacramento, CA 95899-7413

17. DATE RECEIVED

AUG 30 2004

18. DATE APPROVED

6-14-05

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

AUG - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME:

William Lasowski

22. TITLE:

Acting Deputy Director, CMSO

23. REMARKS: